PTO/SB/22 (01-08)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)	Docket Number (Optional) 2832-0167P			
Application Number 10/729,987-Conf. #2750	Filed December 9, 2003			
For INTEGRATED CONTROLLED MULTI-AIR CONDITIONER SYS		000111501-0, 2000		
Art Unit 2151	Examiner	J.B. Walsh		
This is a request under the provisions of 37 CFR 1.136(a) to extend the periapplication.				
The requested extension and fee are as follows (check time period desired a		•		
Fee One month (37 CFR 1.17(a)(1)) \$120	Small Entity Fee \$60	<u>e</u> \$		
		· <del></del>		
	\$230	\$ 460.00		
Three months (37 CFR 1.17(a)(3)) \$1050	\$525	\$		
Four months (37 CFR 1.17(a)(4)) \$1640	\$820	<b>\$</b>		
Five months (37 CFR 1.17(a)(5)) \$2230	\$1115	\$		
Applicant claims small entity status. See 37 CFR 1.27.  A check in the amount of the fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  X The Director has already been authorized to charge fees in this at the Director is hereby authorized to charge any fees which may Deposit Account Number 02-2448 I have enclosed.  WARNING: Information on this form may become public. Credit card information and authorization on PTO-2038.  I am the applicant/inventor.  assignee of record of the entire interest. See 37 CFS 3.73(b) is enclosed.  X attorney or agent under 37 CFR 3.73(b) is enclosed.  Attorney or agent under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34.	be required, or crecosed a duplicate copormation should not be FR 3.71.  (Form PTO/SB/96 39,538	dit any overpayment, to py of this sheet.  se included on this form.  S).		
Signature Signature	IMay	7 16, 2008 Date		
James T. Eller, Jr. Typed or printed name		205-8000		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their reprethan one signature is required, see below.	•	one Number Submit multiple forms if more		
Total of forms are submitted.				

05/19/2008 AWONDAF1 00000131 022448 10729987 01 FC:1252 469.00 DA

PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032

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Effective on 12/08/2004.			Complete if Known						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL		Application Number 10/729,987-			Conf. #2750				
		Filing Date December		December 9, 2	ber 9, 2003				
For FY 2008			First Named Inv		Sang YOON				
F01 F1 2006			Examiner Name John B. Wa		John B. Walsh	sh			
Applicant claims small entity	status. Se	ee 37 CFR 1.2	7	Art Unit 2151					
TOTAL AMOUNT OF PAYMENT	(:	\$) 460.00		Attorney Docket	No.	2832-0167P			
METHOD OF PAYMENT (che	eck all the	at apply)	_						
Check Credit Card	Check Credit Card Money Order None Other (please identify):								
X Deposit Account Deposit Acco	unt Numbei	02-	2448	Deposit	Account Name	e: Birch, Stewart	, Kolasch &	Birch, LLP	
For the above-identified d	eposit ac	count, the D	irector is	hereby authorize	ed to: (che	ck all that apply)		•	
x Charge fee(s) indica	ated belo	w		Charge	e fee(s) ind	dicated below, ex	cept for t	he filing fee	
Charge any addition fee(s) under 37 CFF	al fee(s) R 1.16 an	or underpay d 1.17	ments o	f x Credit	any overp	ayments			
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND	EXAMI	NATION FE	ES				-		
	FILING	FEES mall Entity	SE	ARCH FEES	EXAMIN	NATION FEES			
Application Type Fee	<u>) (\$)</u>	Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	Paid (\$)	
Utility 3	10	155	510	255	210	105			
Design 2	10	105	100	50	130	65			
Plant 2	10	105	310	155	160	80			
Reissue 3	10	155	510	255	620	310			
Provisional 2	10	105	0	0	0	0			
2. EXCESS CLAIM FEES								Small Entity	
Fee Description Each claim over 20 (including Reissues)							Fee (\$) 50	Fee (\$) 25	
Each independent claim over 3 (in	ncluding	Reissues)					210	105	
Multiple dependent claims							370	185	
Total Claims		Paid (\$)	<u>M</u> :	ultiple Depende	nt Claims				
26 -26 =	_ ×				<u>Fe</u>	<u>e (\$)                                    </u>	ee Paid (\$	ij	
HP = highest number of total claims paid			F F	)_:_:_(#)				<del></del>	
Indep. Claims Extra Claims 2 - 3 =	x Fee	<del>)</del> (\$) =	reer	Paid (\$)					
HP = highest number of independent cla		or, if greater that	n 3.						
3. APPLICATION SIZE FEE									
If the specification and drawings									
listings under 37 CFR 1.52(e					or small e	ntity) for each ad	ditional 50	)	
sheets or fraction thereof. Se <u>Total Sheets</u> Extra Sh				dditional 50 or frac	tion thoron	4 Foo (\$)	Eoo (	Paid (\$)	
- 100 =				(round up to a who			<u> </u>	raid (a)	
4. OTHER FEE(S)				(lound up to a time	io nambor,	^	Fees	Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1252 Extension for response within second month 460.00					0.00				
SUBMITTED BY # 40,953									
Signature 9 1	. U	mp	TVI 12	Registration No. (Attorney/Agent)	39,538	Telephone	(703) 205	5-8000	
Name (Print/Type) James T. Eller,	Jr.	0			5	Date	May 16,	2008	

SUBMITTED BY		<u> </u>	FU1733				
Signature	Italian Cl	mg'	Registration No. (Attorney/Agent)	39,538	Telephone	(703) 205-8000	
Name (Print/Type)	James T. Eller, Jr.	5	<del>=</del>	7	Date	May 16, 2008	
	=				-		_

JTE/MEM/tdo Birch, Stewart, Kolasch & Birch, LLP